

The Vac Scene®

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In this issue:

- **Influenza Update: What Happened with Vaccine Supplies?**
- **CDC Request for Surveillance Related to Influenza**
- **CDC 4 Part Series in February – Sign Up Soon**
- **“TIPS” Begins in 2004**
- **Vaccines for Children (VFC) Program News**

- **HMO Study of Thimerosal Containing Vaccines**
- **Minimum Age for Last Hepatitis B Dose Changed**
- **Hepatitis A Vaccine: Effective Disease Prevention**
- **Immunization Resources**

INFLUENZA UPDATE: WHAT HAPPENED WITH VACCINE SUPPLIES?

Questions and concerns about flu activity and the availability of flu vaccine have been rampant in the past month. What was expected to be an adequate supply of flu vaccine became scarce quickly as the flu season arrived much earlier and demand for flu shots was greater than recent seasons. **Supplies of vaccine were plentiful in early October this year, compared with the last two flu seasons when problems with the production of influenza vaccine postponed its distribution until mid-November.** Because the last two years were mild flu seasons, over 12 million doses remained unused at the end of last year.

For this flu season, 83 million doses of inactivated injectable flu vaccine and 5 million doses of live attenuated intranasal influenza vaccine (Flumist™) were produced, even though no more than 80 million doses of influenza vaccine have ever been administered in the US in one year. This year many factors came together to cause the vaccine shortage; early availability of vaccine, the early start of the flu season, reports of serious illness among some children infected with influenza, and an expanded definition of those at high-risk for flu.

As of December 20th, influenza activity in Washington State was regional and reports of school absenteeism due to influenza-like illness (ILI) had dropped to half of what they were 4 weeks prior. There have been no reported influenza-related deaths in children living in Washington State. All but one identified case so far this year have been influenza A. Specimens sent to the Centers for Diseases Control and Prevention (CDC) have been characterized as A, Fujian H3N2-like, and A/Panama H3N2-like.

CDC REQUEST INFLUENZA SURVEILLANCE ASSISTANCE

Since October, 42 influenza-associated deaths among children aged less than 18 years have been reported to CDC. All patients had influenza virus infection detected by rapid antigen testing or other laboratory testing methods. **To improve surveillance, CDC has requested that all influenza-associated deaths of children aged less than 18 years be reported to CDC through state health departments.** *In addition, cases of influenza-associated encephalopathy in persons younger than 18 years of age should also be reported to the state health department.*

Because influenza-associated deaths are not reportable conditions in the United States, the average annual number of such deaths is unknown. However, cases of sudden death associated with influenza in previously healthy children in the United States have been reported (CDC, unpublished data, 2003). During 1990-1999, approximately 92 influenza-associated respiratory and circulatory deaths were estimated to have occurred annually among children aged less than 5 years.

However, this estimate was based on mathematical modeling and not on counting fatalities associated with laboratory-confirmed influenza virus infection.

CDC 4 PART SERIES IN FEBRUARY SIGN UP SOON

Mark your calendars for CDC's live four-part satellite course, “Epidemiology and Prevention of Vaccine-Preventable Diseases”, scheduled for February 19th & 26th, March 4th and 11th, 2004. The course is being co-sponsored by the Region X Public Health Service and will be held at the Blanchard Plaza Building in downtown Seattle. Each interactive broadcast will run from 9:00-12:30pm. All health care providers who either give immunizations or set policy for their offices or clinics are encouraged to attend. Register early as space is limited.

Session One will cover principles of vaccination, general recommendations on immunization and strategies to improve immunization coverage levels. **Session Two** will cover pertussis, pneumococcal disease (childhood), polio, Hib and meningococcal disease. **Session Three** will cover measles, rubella, varicella and smallpox. **Session Four** will cover hepatitis B, hepatitis A, influenza, and pneumococcal disease (adult).

For each of the four broadcast sessions, continuing education credit will be offered for various professions based on three hours of instruction. Course fee is \$20. (Please contact us if payment is not possible). Registration forms will be mailed in January. Additional information will be posted on our website: www.metrokc.gov/health/immunization or you may call Tiffany Acayan at (206) 296-4774.

“TIPS” BEGINS IN 2004

Training on Immunizations for Practitioners and Staff (TIPS), an immunization education program for participating VFC practices in King County, will begin January 2004. The focus of TIPS is to offer *practical* ways to enhance the quality of immunization practices. The program was developed through a partnership between The Community Pediatric Foundation of Washington, Washington Chapter of the American Academy of Pediatrics and Public Health-Seattle & King County. The program has been endorsed by the Washington Chapter of the Academy of Family Physicians and is funded by the Department of Health and the CDC.

TIPS is geared for all members of a practice, including clinical and administrative staff. TIPS uses peer educators, consisting of a physician and public health nurse, to present the most current information available on such topics as vaccine safety, vaccine administration, storage and handling, and strategies to increase immunization coverage. The content of the TIPS educational session is individually tailored to meet the needs and interests of the practice. TIPS will be evaluated to determine its effectiveness in improving the quality of immunization practices. The program may serve as a model for potential statewide implementation in subsequent years.

VACCINES FOR CHILDREN (VFC) PROGRAM NEWS

VFC Flu Vaccine

As we all know, because the flu season this year hit early and hit hard, catching everyone off guard, the Vaccines for Children (VFC) Program was not able to provide all the flu vaccine doses requested by participating providers.

Each year, the VFC Program receives a pre-determined amount of flu vaccine; an allotment made by the CDC in February or March preceding the flu season. Nation-wide orders, including CDC's, must be made at this time. The long lead-time is necessary because producing flu vaccine is a four-month process.

King County's VFC Program received 30,000 doses this year (1/3 in vials and 2/3 in pre-filled syringes). *Our survey of private health care providers in King County has found that flu vaccine supplies are almost gone in some locations and completely gone at others.* We do not have information on where vaccine supplies are still available outside of Public Health clinic sites.

All Public Health immunization clinics will receive a limited amount of additional *pediatric* flu vaccine at the beginning of January, to be used for all children age 6-23 months and children age 2 through 18 years who have high-risk medical conditions. Parents of a child in either of these categories may call a Public Health center to schedule an appointment for flu vaccine for their eligible child *beginning January 12th*.

It has been a frustrating, hectic, demanding time for everyone. The VFC and the Public Health Immunization Program staff extend thanks to all of you for your outstanding efforts to serve your communities.

Renewing Your Provider Agreement

By the time this newsletter is published, you may have received your 2004 Outside Provider Agreement for Receipt of State-Supplied Vaccine. Even if you have done so before, ***please read the entire agreement*** before signing and returning it to the VFC Program. **Please pay special attention to the second page listing the obligations you agree to fulfill as a participant in the program, each an important part of compliance.**

Temporary Shortages

In December, the VFC Program was faced with an unexpected shortage of vaccine due to shipment delays from Aventis (Daptacel, ActHib) and Wyeth (Prevnar). Shipments of the vaccines were unusually slow in arriving and VFC's stock ran out completely. We maintained a back-order file and filled the orders as soon as possible. While this is a temporary shortage, it is possible that this situation may last through February 2004. **At this time there are no recommendations for usage restrictions.** Under normal circumstances, such supply gaps are a rarity, but they do happen from time to time. We understand the hassles and frustration that can result from inability to fill orders, and your patience and flexibility are much appreciated.

HMO DATABASE STUDY OF THIMEROSAL CONTAINING VACCINES

A recent study that looked at computerized data from three HMOs to see whether there were associations between vaccines that used thimerosal as a preservative and a wide range of neurodevelopmental disorders *found no consistent associations across the HMOs.*

The Centers for Disease Control and Prevention (CDC) recently posted "Vaccine Safety Datalink (VSD) Study: Safety of Thimerosal-Containing Vaccines: A Two-Phased Study of Computerized Health Maintenance Organization (HMO) Databases." The web page contains a summary of the study and a 14-item Q&A series.

To access the full Q&A series on the CDC website, go to: <http://www.cdc.gov/nip/vacsafe/vsd/VSDstudyQAs.htm>

MINIMUM AGE FOR LAST HEPATITIS B DOSE CHANGED

The minimum age at which the last dose of hepatitis B vaccine (either the third or fourth dose) can be given *is now 24 weeks of age.* At its October meeting, the Advisory Committee on Immunization Practices (ACIP) voted the change that *is effective immediately.* The recommendation for a minimum

age of 24 weeks is a change from the minimum age of 6 months published in the ACIP and American Academy of Family Physicians (AAFP) General Recommendations on Immunization. As with other vaccines, there is a four-day grace period around this dose; therefore the earliest age at which the last dose of hepatitis B vaccine can be administered is 164 days of age.

DOH is currently revising the minimum age/ interval charts, minimum requirement school and child care/preschool charts and databases utilized for tracking and case management to reflect this change. A flyer will be sent to schools, childcares, Head Start, and ECEAP notifying them of the change and CHILD Profile has already changed their algorithm to reflect this age parameter.

HEPATITIS A VACCINE: EFFECTIVE DISEASE PREVENTION

National press coverage of the recent outbreaks of hepatitis A have unfortunately missed mention of the most effective prevention measure -- *hepatitis A vaccine.*

The two-dose vaccine series is safe and effective, and is recommended for routine immunization of children from 2 years of age up to the 19th birthday living in 13 counties in Washington State identified as having high rates of hepatitis A disease (including King and Thurston counties). For the complete details of eligibility for both high-risk and healthy children please refer to the DOH Immunization Guidelines website:

<http://www.doh.wa.gov/cfh/immunize/documents/Vacusage03.pdf>

As food is more commonly imported to the U.S. from areas where food and waterborne disease are endemic, we need to emphasize any means that consumers can use to reduce their risk of infection.

IMMUNIZATION RESOURCES

Red Book Errata

A sizeable errata for the 2003 Red Book has been published. You will find all of the corrections listed at: <http://aapredbook.aappublications.org/collected/errata2003.shtml>

Immunization Techniques Video

You can ensure your staff has expertise in administering vaccines by ordering and showing them the video "Immunization Techniques: Safe, Effective, Caring." Developed by the California Department of Health Services Immunization Branch and a team of national experts, the 35-minute video presents abundant practical information on vaccinating people of all ages. An excellent tool for training new staff and refreshing the skills of experienced staff, the video comes with presenter notes and a skills checklist. (\$25 each; discounts for orders of 20 or more—please call (651) 647-9009.)

To order online (U.S. addresses only), go to: <https://www.immunize.org/iztech>

Respiratory Etiquette

"Cover Your Cough" posters (in addition to brochures) are now available at: <http://www.metrokc.gov/health/providers/> (scroll down to fact sheets and news). The poster is 8 1/2 X 11 inches and is provided as a public service with the permission of the Minnesota Department of Health.

Administering Vaccines: Dose, Route, Site and Needle Size

This website provides, in an easy-to read-chart, information on administering the vaccines most commonly given to children, teens, and adults, including combination vaccines. Most helpful items included are recommended *needle length* and anatomic site for administration. Available from Immunization Action Coalition electronic newsletter at:

<http://www.immunize.org/catg.d/p3085.pdf>

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